

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007757

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 241
FILED MAR 4 1963

Primary Registration District No. 5829 Registrar's No. 6

1. PLACE OF DEATH:

a. COUNTY

New Madrid

b. CITY (If outside corporate limits, give TOWNSHIP only)

Portageville

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY New Madrid

c. CITY

Portageville

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

At Home

Inside Limits

Yes ☐ No ☒

d. STREET

Route 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First
Elsie

Middle

Last
Proffit

4. DATE
OF
DEATH

Month Day Year
February 22 1963

5. SEX

Female

6. COLOR OR RACE

Colored

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5/12/1903

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Mississippi

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Ella Robinson

14. NAME OF HUSBAND OR WIFE

Plas Proffit (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Arlene Holmes Portageville, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular accident

INTERVAL BETWEEN ONSET AND DEATH

18 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerotic cardiovascular disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Previous C.V.A. on 9/25/62

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9/25/62 to 2/22/63 and last saw her alive on 1/11/63

Death occurred at

11:00 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. W. Grable M.D.

22b. ADDRESS

Portageville, Mo.

22c. DATE SIGNED

2/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/3/1963

23c. NAME OF CEMETERY OR CREMATORY

Portageville Cemetery

23d. LOCATION (City, town, or county)

Portageville Missouri

24. FUNERAL DIRECTOR

ADDRESS

DeLisle Funeral Home Portageville, Mo. 3-1-1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ellen S. Milam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

MAR 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joseph A. Fisher

Licensed Embalmer No. 4481

P. O. Address

Porterville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.